

2023-2025 Yolo County Community Health Assessment (CHA) Appendix II:

2021 Community Health Status Survey (CHSS) Summary Data and Survey Instrument

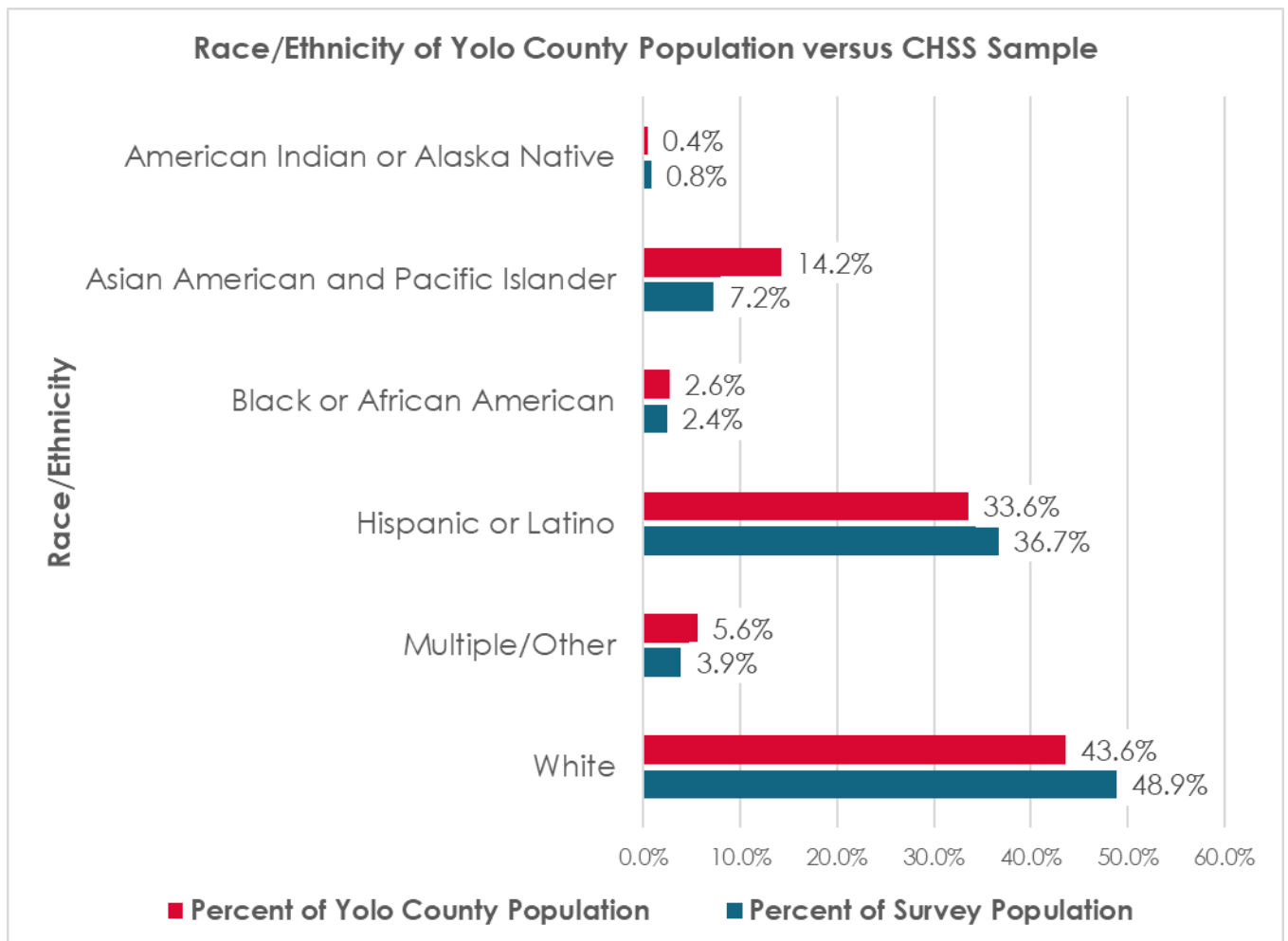
Survey Date:	<i>June 2021 - August 2021</i>
Survey Sample:	<i>1,574 residents</i>
Survey Languages:	<i>English, Spanish, and Russian</i>
Survey Format:	<i>Paper and Digital</i>
Total Questions:	<i>49</i>

Full Survey Instrument begins on page 11

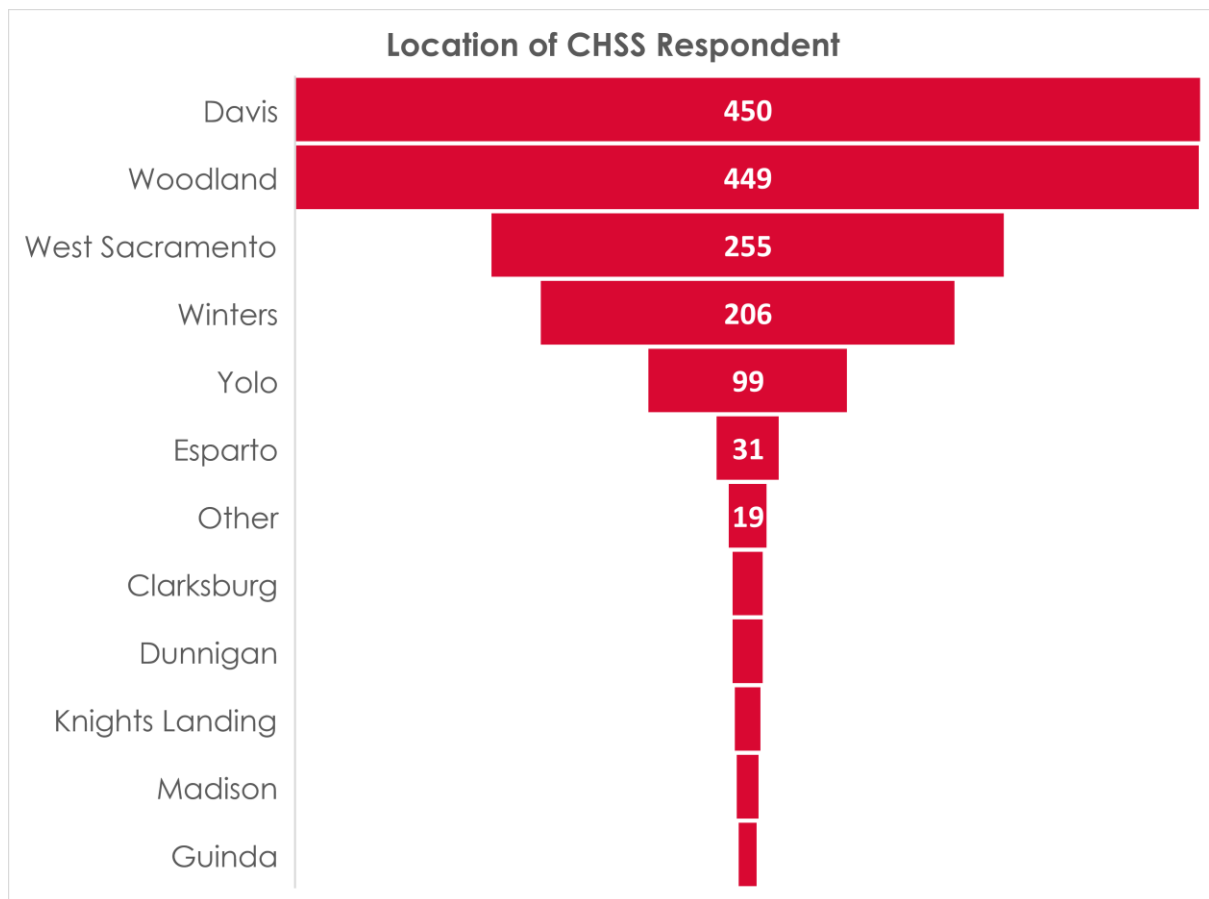
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Published 11/3/2022

DEMOGRAPHICS	CHSS Count	Percent of Survey Population	DOF Estimate of 2021 Population	Percent of Yolo County Population
White	731	48.9%	98,419	43.6%
Multiple/Other	58	3.9%	12,572	5.6%
Hispanic or Latino	549	36.7%	75,799	33.6%
Black or African American	36	2.4%	5,976	2.6%
Asian American and Pacific Islander	108	7.2%	32,135	14.2%
American Indian or Alaska Native	12	0.8%	993	0.4%
Decline to State	80			
TOTAL	1574	100.0%	225,894	100%

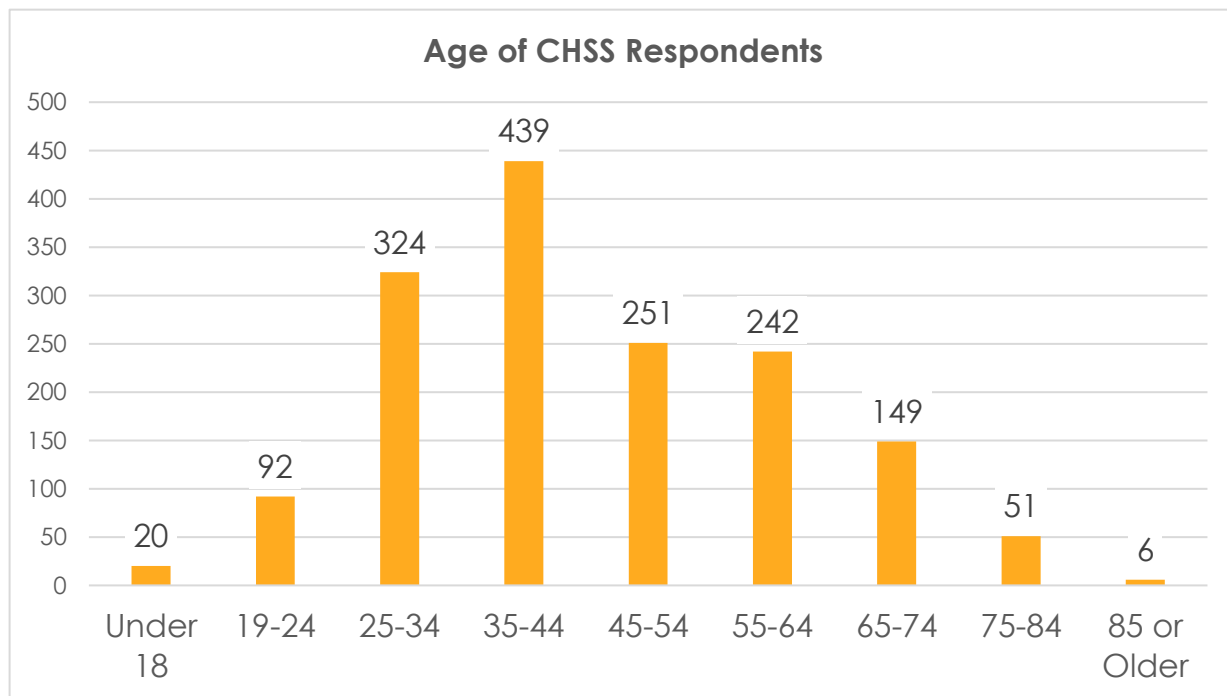
Population data are from the California Department of Finance 2021 P-3 Race-Ethnicity and Sex by Age for California and Counties estimates - June 2022 Revision



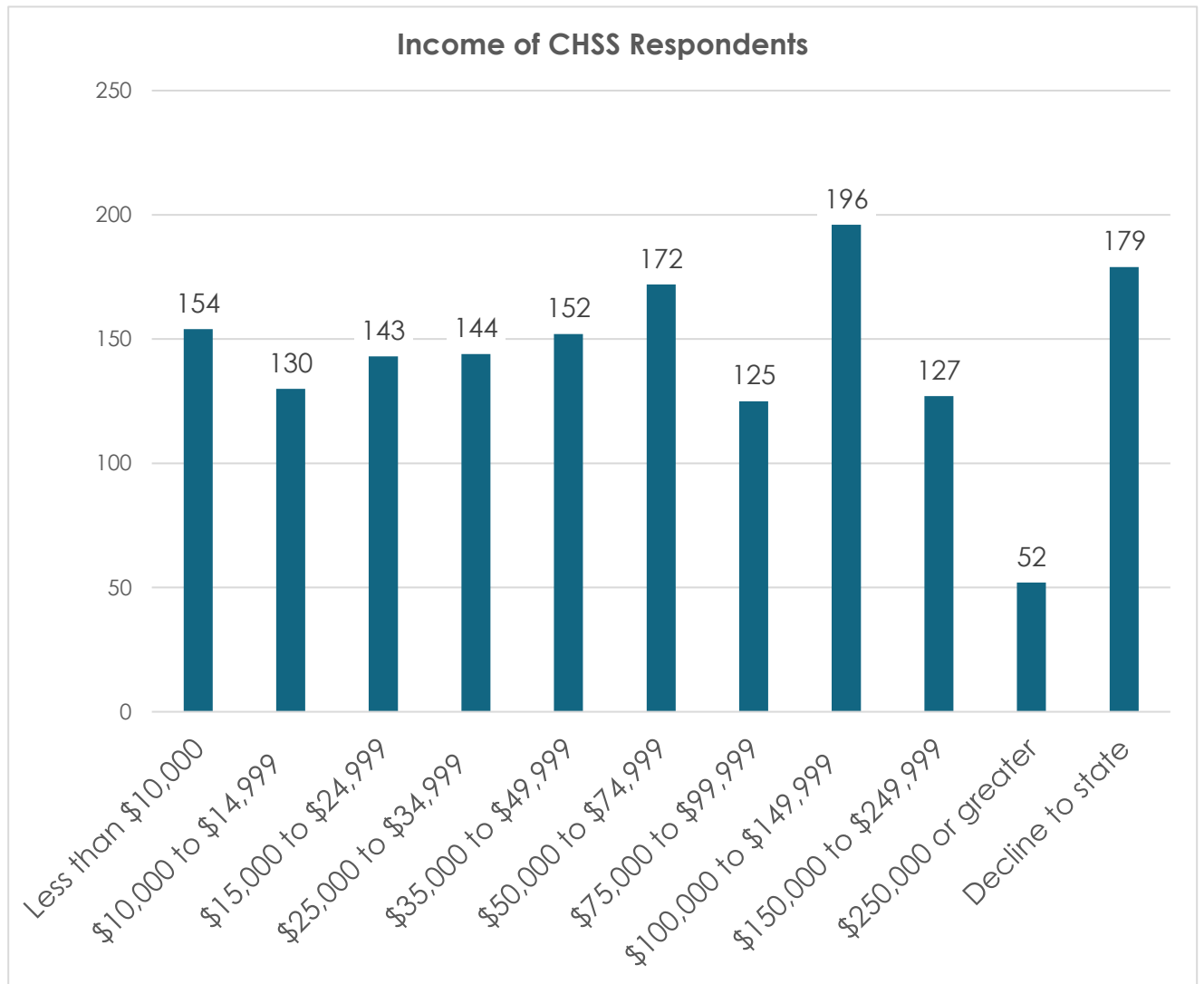
What city in Yolo County do you live?	Count
Davis	450
Woodland	449
West Sacramento	255
Winters	206
Yolo	99
Esparto	31
Other	19
Clarksburg	15
Dunnigan	15
Knights Landing	13
Madison	11
Guinda	9



What is your age?	Count
Under 18	20
19-24	92
25-34	324
35-44	439
45-54	251
55-64	242
65-74	149
75-84	51
85 or Older	6



What is your annual household income before taxes?	Count
Less than \$10,000	154
\$10,000 to \$14,999	130
\$15,000 to \$24,999	143
\$25,000 to \$34,999	144
\$35,000 to \$49,999	152
\$50,000 to \$74,999	172
\$75,000 to \$99,999	125
\$100,000 to \$149,999	196
\$150,000 to \$249,999	127
\$250,000 or greater	52
Decline to state	179



Survey Responses for Questions 26 to 34:

26. What do you think are the three biggest health issues that most affect our community? (Choose three)		
Choice	# Count	% Responses to Question
Mental health issues	856	56.4%
COVID-19	727	47.9%
Obesity	477	31.4%
Substance abuse	446	29.4%
Diabetes	399	26.3%
Alcoholism	301	19.8%
Health problems associated with aging	267	17.6%
Heart disease	210	13.8%
Cancer	198	13.0%
Child abuse and neglect	152	10.0%
Dental problems	133	8.8%
Respiratory illnesses/lung disease/asthma	122	8.0%
Motor vehicle/bicycle accidents	58	3.8%
Sexual abuse	53	3.5%
Homicide	48	3.2%
Infectious disease (e.g., hepatitis, tuberculosis, etc.)	47	3.1%
Sexually transmitted diseases	44	2.9%
Teenage pregnancy	30	2.0%
Stroke	29	1.9%
Poor birth outcomes	6	0.4%

27. What do you think are the three individual behaviors that are responsible for health issues in our community? (Choose three)

Choice	# Count	% Responses to Question
Life stress/lack of coping skills	770	51.4%
Alcohol abuse	607	40.5%
Drug abuse	604	40.3%
Lack of exercise	580	38.7%
Not getting "shots" (vaccines) to prevent disease	433	28.9%
Crime/violence	384	25.6%
Domestic or intimate partner violence	210	14.0%
Driving while drunk/on drugs	209	13.9%
Distracted driving	169	11.3%
Using weapons/guns	164	10.9%
Suicide	64	4.3%
Unsafe sex	57	3.8%
Teenage sex	34	2.3%

28. What do you think are the three social and economic conditions that are most responsible for health issues in our community? (Choose three)

Choice	# Count	% Responses to Question
High cost of living (rent, utilities, food, etc.)	977	64.1%
Homelessness	649	42.6%
Limited support for mental health services	600	39.4%
No health insurance	448	29.4%
Poverty	412	27.1%
Pandemic shutdowns	284	18.6%
Lack of affordable child-care options	257	16.9%
Unemployment/underemployment	225	14.8%
Lack of education/no high school education	221	14.5%
Racism and discrimination	210	13.8%
Social Isolation	170	11.2%
Not enough food (food insecurity)	147	9.7%
Language barriers	128	8.4%

29. What do you think are the three environmental issues that are most responsible for health issues in our community? (Choose three)		
Choice	# Count	% Responses to Question
Air pollution and/or wildfire smoke	844	55.6%
Heat/hot days	732	48.3%
Lack of access to healthy foods	488	32.2%
Poor housing condition	366	24.1%
Lack of access to places for physical activity	302	19.9%
Trash on streets and sidewalks	229	15.1%
Pesticide use	225	14.8%
Contaminated drinking water	210	13.8%
Lack of safe walkways and bikeways	194	12.8%
Lack of public transportation	184	12.1%
Second-hand smoke	182	12.0%
Poor neighborhood design	128	8.4%
None	85	5.6%
Flooding/drainage problems	59	3.9%

30. What do you think are the three most important factors of a “healthy community”? (Choose three)		
Choice	# Count	% Responses to Question
Access to healthcare	900	58.8%
Affordable housing	821	53.6%
Access to healthy food	460	30.0%
Low crime/safe neighborhoods	371	24.2%
Access to childcare	310	20.2%
Job opportunities	281	18.4%
Good schools	244	15.9%
Access to dental care	226	14.8%
Air quality	202	13.2%
Safe place to raise kids	202	13.2%
Well-informed community about health issues	193	12.6%
Community involvement	190	12.4%
Elderly care	132	8.6%
Green/open spaces	131	8.6%
Parks and recreation facilities	124	8.1%
Time for family	123	8.0%
Support agencies (faith-based organizations, support groups, social worker outreach)	122	8.0%
Tolerance for diversity	114	7.4%

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None	7	0.5%
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31. What are the top three strengths in your community that support physical & mental wellbeing of residents? (Choose three)		
Choice	# Count	% Responses to Question
Access to fresh, local foods (such as farmers' markets, CSA box, urban farm stand)	790	52.1%
Friendly neighbors	654	43.1%
Our local park or trail	538	35.5%
Local job opportunities	436	28.8%
My child's (children's) school	410	27.0%
Local non-profit organizations	406	26.8%
Good paying jobs	354	23.4%
Religious institution	202	13.3%
Supportive selected leaders	193	12.7%
None	96	6.3%

32. Who are your top three trusted leaders in the Yolo County Community? (Choose three)		
Choice	# Count	% Responses to Question
Healthcare professionals	875	58.6%
Teachers	528	35.3%
Law enforcement officers	515	34.5%
Community advocates	503	33.7%
Non-profit agency leaders	370	24.8%
Child-care providers	236	15.8%
Religious leaders	223	14.9%
School administrators (Principals, Vice-Principals, Superintendents)	201	13.5%
Political leaders	174	11.6%
None	148	9.9%
Coaches	113	7.6%
School boards	53	3.5%

33. What are your top three trusted institutions in the Yolo County Community? (Choose three)		
Choice	# Count	% Responses to Question
Healthcare centers/hospitals	633	42.1%
Food bank	513	34.1%
Local community organizations	383	25.4%
K-12 schools	369	24.5%
Non-profit organizations	365	24.3%
Law enforcement agencies	349	23.2%
University/community college	289	19.2%
Small local businesses	258	17.1%
County government	229	15.2%
Religious institutions (church, mosque, temple, or other places of worship)	220	14.6%
City government	217	14.4%
Neighborhood associations	133	8.8%
None	93	6.2%
State government	82	5.4%
Large businesses	22	1.5%

34. What have been the top three negative impacts of the COVID-19 Pandemic on the overall health and wellbeing of the Yolo County Community? (Choose three)		
Choice	# Count	% Responses to Question
Job loss or reduction in work hours	702	46.2%
Businesses closing	645	42.5%
Mental health issues	643	42.3%
Illness related to contracting COVID-19	555	36.5%
Social isolation	469	30.9%
Schools closing	414	27.3%
Lack of childcare for working parents	331	21.8%
Mistrust of government health officials	256	16.9%
Increased substance abuse (alcohol or other drugs)	248	16.3%
Increased domestic violence or child abuse	238	15.7%
Mistrust of healthcare system	169	11.1%
None	14	0.9%



Yolo County Health Status Survey

The purpose of this survey is to better understand your opinions about your health and the health of the Yolo County Community. The results will help Yolo County Health and Human Services Agency Community Health Branch, area hospitals (Woodland Memorial Hospital, Sutter Davis) and local community clinics (CommuniCare) support important community health initiatives and projects to improve the health of Yolo County residents. We sincerely appreciate your time as we know it is valuable. The survey should only take about 20 minutes.

In order to take the survey, we ask that you meet the following:

- You live in Yolo County
- You understand that taking this survey is voluntary
- You agree to only take the survey once

Completed surveys must be submitted by August 25

If you would like to be entered to win a \$100 grocery gift card, please enter your name and e-mail address or phone number on the last page. Winners will be notified by email or phone in early August 2021.

1. What city in Yolo County do you live?

- Clarksburg Davis Dunnigan Esparto Guinda
 Knights Landing Madison West Sacramento Winters
 Woodland Yolo Other: _____

2. What is your age?

- Under 18 19-24 25-34 35-44 45-54
 55-64 65-74 75-84 85 or older

3. How long have you lived in Yolo County?

- Less than 1 year 1-5 years 6-10 years 11-20 years Over 20 years

4. Are you Hispanic or LatinX, or of Spanish origin? (Select all that apply)

- No, not of Hispanic, Latino/a, or Spanish origin
 Yes, Mexican, Mexican American, Chicano/a
 Yes, Salvadoran
 Yes, Cuban
 Yes, Guatemalan
 Yes, Puerto Rican
 Prefer not to say
 Yes, Additional Hispanic, Latino/a, or Spanish origin: _____



Yolo County Health Status Survey

5. What is your race? (Select all that apply)

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Cambodian
- Chinese
- Filipino
- Guamaninan or Chamorro
- Hispanic, Latino/a, LatinX, or a Spanish origin
- Hmong
- Japanese
- Korean
- Laotian
- Native Hawaiian
- Samoan
- Vietnamese
- White
- Prefer not to say
- Additional: _____

6. Which describes your current employment status? (check all that apply)

- Employed full-time
- Employed part-time
- Unemployed
- Unemployed or partially employed due to COVID
- Retired
- Full-time student
- Part-time student
- Disabled
- Declined to state

7. In general, would you say your overall health is:

- Excellent Very Good Good Fair Poor

8. Do you have a condition that substantially limits one or more physical activities?

If no, please skip to question 10

- Yes No



Yolo County Health Status Survey

9. If you answered yes to question 8, which activities are affected? (Select all that apply)

- Dressing, bathing, or getting around inside your home
- Going outside the home alone to shop or visit the doctor
- Walking, climbing stairs, reaching, lifting, or carrying
- Working at a job or business
- Other: _____

10. Have you ever been told by a doctor that you have? (Select all that apply)

- Asthma/lung disease/COPD/emphysema
- Autoimmune disease (Rheumatoid Arthritis, Lupus, etc.)
- Cancer
- Diabetes
- Drug or alcohol problem
- Heart disease
- Hypertension (high blood pressure)
- Mental illness
- Obesity
- Physical disability
- Other: _____

11. Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions, nerves, or use of alcohol or drugs? If no, please skip to question 13

- Yes No

12. If you answered yes to question 11, have you seen a doctor or mental health professional (counselor, psychiatrist, or social worker) for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

- Yes No

13. Did you have a doctor's visit in the past 12 months (virtually or in-person)?

- Yes: Once Yes: 2-5 times Yes: 6 or more times
 Yes, but I do not know how many times No

14. Would you have liked to (or felt you needed to) see a doctor more often than this?

- Yes No

15. How long does it normally take you to get to your regular doctor's office from your home?

- Less than 5 minutes 5-10 minutes 10-20 minutes 20-30 minutes
 30-45 minutes 45-60 minutes More than an hour



Yolo County Health Status Survey

16. How do you typically get to your medical or dental appointments? (Select all that apply)

- App-based ride (Lyft/Uber/etc.)
- Borrow car from friend/family
- Bus or other transit
- My car
- Shared on-demand transit (Via, etc.)
- Virtually (Zoom, or other online platform)
- Walk and/or Bicycle
- Other: _____

17. When you last contacted a medical clinic for an appointment, how quickly could you be seen by a doctor?

- Days
- Weeks
- I don't know

18. Were you satisfied with how quickly you were able to get an appointment?

- Very Satisfied
- Satisfied
- Neutral
- Unsatisfied
- Very Unsatisfied

19. How important is it to you to have regular healthcare services and medical screenings?

- Extremely Important
- Very Important
- Somewhat Important
- Not Important

20. Have you received healthcare services or medical screenings in the past 12 months? (Routine check-up, blood pressure screening, mammogram, etc.) If yes, please skip to question 22

- Yes
- No

21. If you answered no to question 20, please select all that apply.

- I did/do not have any health insurance
- I did/do have health insurance, but it does not cover all of my costs
- I did not need healthcare services or medical screenings because I was not sick
- I did not have transportation to the medical clinic
- I do not trust the healthcare providers
- I had concerns about exposure to COVID-19 at my healthcare provider location
- I have to wait too long to see a doctor
- I was/am too busy
- I was unable to find adequate childcare due to COVID-19
- The doctor does not speak the same language as I do
- The medical clinic is not open all of the time, so it is difficult to get an appointment
- There are not enough doctors in my area, so it is difficult to get an appointment
- Not sure / Do Not Know
- Other: _____



Yolo County Health Status Survey

22. Did you visit the emergency room in the past 12 months? If no, please skip to question 24

- Yes No

23. If you answered yes to question 22, why did you visit the emergency room? (Select all that apply)

- Became ill or injured before 8 a.m. or after 5 p.m. on a weekday
 Became ill or injured during the weekend
 Could not get an urgent care appointment with my doctor
 Do not have a regular doctor or dentist, this is my usual source of care
 Had a life-threatening illness or injury
 Needed to refill a prescription
 Thought it seemed more convenient than waiting for an appointment
 Other: _____

24. Did you become sick or injured on the job in the past 12 months?

If No or Not Applicable, please skip to question 26

- Yes No Not applicable (not working)

25. If you answered yes to question 24, did you seek medical care for your job-related illness or injury?

- Yes No If No, why not? _____

26. What do you think are the three biggest health issues that most affect our community? (Choose three)

- Alcoholism
 Cancer
 Child abuse and neglect
 COVID-19
 Dental problems
 Diabetes
 Health problems associated with aging
 Heart disease
 Homicide
 Infectious diseases (e.g., hepatitis, tuberculosis, etc.)
 Mental health issues
 Motor vehicle/bicycle accidents
 Obesity
 Poor birth outcomes
 Respiratory illnesses/lung disease/asthma
 Sexual abuse
 Sexually transmitted diseases
 Stroke
 Substance abuse
 Teenage pregnancy
 Other (please specify): _____

Yolo County Health Status Survey



27. What do you think are the three individual behaviors that are responsible for health issues in our community? (Choose three)

- Alcohol abuse
- Crime/violence
- Distracted driving
- Domestic or intimate partner violence
- Driving while drunk/on drugs
- Drug abuse
- Lack of exercise
- Life stress/lack of coping skills
- Not getting “shots” (vaccines) to prevent disease
- Suicide
- Teenage sex
- Unsafe sex
- Using weapons/guns
- Other (please specify): _____

28. What do you think are the three social and economic conditions that are most responsible for health issues in our community? (Choose three)

- Homelessness
- High cost of living (rent, utilities, food, etc.)
- Lack of education/no high school education
- Lack of affordable child-care options
- Language barriers
- Limited support for mental health services
- No health insurance
- Not enough food (food insecurity)
- Pandemic shutdowns
- Poverty
- Racism and discrimination
- Social Isolation
- Unemployment/underemployment
- Other (please specify): _____



Yolo County Health Status Survey

29. What do you think are the three environmental issues that are most responsible for health issues in our community? (Choose three)

- Air pollution and/or wildfire smoke
- Contaminated drinking water
- Flooding/drainage problems
- Heat/hot days
- Lack of access to healthy foods
- Lack of access to places for physical activity
- Lack of public transportation
- Lack of safe walkways and bikeways
- Pesticide use
- Poor housing condition
- Poor neighborhood design
- Second-hand smoke
- Traffic
- Trash on streets and sidewalks
- None
- Other (please specify): _____

30. What do you think are the three most important factors of a “healthy community”? (Choose three)

- Access to childcare
- Access to dental care
- Access to healthcare
- Access to healthy food
- Affordable housing
- Air quality
- Community involvement
- Elderly care
- Good schools
- Green/open spaces
- Job opportunities
- Low crime/safe neighborhoods
- Parks and recreation facilities
- Safe place to raise kids
- Support agencies (faith-based organizations, support groups, social worker outreach)
- Time for family
- Tolerance for diversity
- Well-informed community about health issues
- None
- Other (please specify): _____

Yolo County Health Status Survey



31. What are the top three strengths in your community that support physical & mental wellbeing of residents? (Choose three)

- Access to fresh, local foods (such as farmers’ markets, CSA box, urban farm stand)
- Friendly neighbors
- Good paying jobs
- Local job opportunities
- Local non-profit organizations
- My child’s (children’s) school
- Our local park or trail
- Religious institution
- Supportive selected leaders
- None
- Other (please specify): _____

32. Who are your top three trusted leaders in the Yolo County Community? (Choose three)

- Child-care providers
- Coaches
- Community advocates
- Healthcare professionals
- Law enforcement officers
- Non-profit agency leaders
- Political leaders
- Religious leaders
- School administrators (Principals, Vice-Principals, Superintendents)
- School boards
- Teachers
- None
- Other (please specify): _____



Yolo County Health Status Survey

33. What are your top three trusted institutions in the Yolo County Community? (Choose three)

- City government
- County government
- Food bank
- Healthcare centers/hospitals
- K-12 schools
- Large businesses
- Law enforcement agencies
- Local community organizations
- Non-profit organizations
- Neighborhood associations
- Religious institutions (church, mosque, temple, or other places of worship)
- Small local businesses
- State government
- University/community college
- None
- Other (Please specify): _____

34. What have been the top three negative impacts of the COVID 19 Pandemic on the overall health and wellbeing of the Yolo County Community? (Choose three)

- Businesses closing
- Illness related to contracting COVID-19
- Increased substance abuse (alcohol or other drugs)
- Increased domestic violence or child abuse
- Job loss or reduction in work hours
- Lack of childcare for working parents
- Mental health issues
- Mistrust of government health officials
- Mistrust of healthcare system
- Schools closing
- Social isolation
- None
- Other (please specify): _____

35. Have you ever felt that you were treated differently by a doctor, mental health care worker, dentist, or other healthcare provider in Yolo County due to?

- | | | | |
|------------------------------------|------------------------------|-----------------------------|-----------------------------------|
| ▪ The color of your skin | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| ▪ Your gender | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| ▪ Your sexual orientation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| ▪ Your race | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| ▪ Your national origin | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| ▪ Your physical and mental ability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| ▪ Your ability to speak English | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |



Yolo County Health Status Survey

36. Have you ever felt that you were treated differently by a local government agency (City or County) or program due to?

- The color of your skin Yes No Not sure
- Your gender Yes No Not sure
- Your sexual orientation Yes No Not sure
- Your race Yes No Not sure
- Your national origin Yes No Not sure
- Your physical and mental ability Yes No Not sure
- Your ability to speak English Yes No Not sure

37. In the past 12 months have you worried that you would run out of food before you got money to buy more?

- Yes, sometimes Yes, often or always No I'm not sure

38. Is there anything else you would like to share about your personal health or the health status of the Yolo County Community?

39. What language(s) do you primarily speak at home?

- English Spanish Russian Mandarin Cantonese Farsi
 Pashto Urdu Decline to Answer
 Other (please specify): _____

40. How many people live in your home including yourself? _____

41. What is your annual household income before taxes?

- Less than \$10,000 \$10,000 to \$14,999 \$15,000 to \$24,999
 \$25,000 to \$34,999 \$35,000 to \$49,999 \$50,000 to \$74,999
 \$75,000 to \$99,999 \$100,000 to \$149,999 \$150,000 to \$249,999
 250,000 or greater Decline to state

42. What is your current gender identity?

- Female Male Genderqueer
 Transgender Female/Transwoman/MTF Transgender Male/Transman/FTM
 Decline to Answer Prefer to self-describe as: _____



Yolo County Health Status Survey

43. What is your sexual orientation?

- Bisexual
- Gay
- Lesbian
- Queer
- Questioning
- Straight (Heterosexual)
- Decline to answer
- Prefer to self-describe as: _____

44. Do you have health insurance? If yes, what type of insurance do you have?

- Yes: Medi-Cal
- Yes: Medi-Care
- Yes: Military or VA
- Yes: Other government
- Yes: Private – employer or someone else’s employer
- Yes: Private – Covered California
- Yes: Private – Individual Plan
- I do not know
- No, I do not have insurance

45. If you answered “I do not have insurance” to Question 44, what are your barriers to getting health insurance? (Select all that apply)

- Employer does not provide insurance
- I do not know how to get health insurance
- Health insurance is too expensive for me or my family
- Other (please specify): _____

46. Are you eligible for Medi-Cal or Medicare?

- Yes
- No
- I don’t know

47. Do you have dental insurance?

- Yes, through Medi-Cal
- Yes, through private insurance
- Yes, through another source
- No
- I do not know

48. Have you been to the dentist in the past 12 months?

- Yes
- No

49. Do you have reliable internet at home?

- Yes
- No

Yolo County Health Status Survey



THANK YOU FOR COMPLETING THE YOLO COUNTY HEALTH STATUS SURVEY

Please return the survey to the staff member or individual who provided you the survey, or please place the survey in a designated survey collection envelope if one is available. If you completed the survey at home and would like to drop it off, please use one of the Yolo County Library locations listed below. You can visit www.yolocountylibrary.org for more information about library hours and location.

<i>Clarksburg Branch Library</i>	<i>52915 Netherlands Ave, Clarksburg CA 95612</i>	<i>Tuesday 10 am – 1 pm & 2 - 5:30 pm Thursday 10 am – 1 pm & 2 - 5:30 pm</i>
<i>Mary L Stephens - Davis Branch Library</i>	<i>315 E 14th St, Davis CA 95616</i>	<i>Monday 2 - 8 pm Tuesday 10 am - 8 pm Wednesday 10 am – 6 pm Thursday 10 am – 6pm Friday 12 – 5:30 pm Saturday 2 – 5:30 pm</i>
<i>Esparto Regional Library</i>	<i>17065 Yolo Avenue, Esparto CA 95627</i>	<i>Monday 2 – 7 pm Tuesday 12 - 7 pm Wednesday 10 am – 2 pm Friday 10 am – 2 pm Saturday 10 am – 5:30 pm</i>
<i>Knight’s Landing Branch Library</i>	<i>42351 Third Street, Knight’s Landing, CA 95645</i>	<i>Tuesday 11 am – 1 pm & 2 – 7 pm Wednesday 10 am – 12 pm & 1 – 6 pm Friday 10 am – 12 pm & 1 – 5:30 pm</i>
<i>Arthur F. Turner Community Library</i>	<i>1212 Merkley Ave, West Sacramento CA 95691</i>	<i>Monday 1:30 - 5:30 pm Wednesday 10 am - 2 pm Thursday 12 – 7 pm Saturday 2 - 5:30 PM</i>
<i>Winters Community Library</i>	<i>708 Railroad Ave, Winters CA 95694</i>	<i>Monday 10 am - 4 pm Tuesday 12 pm – 7 pm Wednesday 10 am – 4 pm Thursday 3:30 – 7 pm Saturday 1 - 5pm</i>
<i>Yolo Branch Library</i>	<i>37750 Sacramento Street, Yolo CA 95697</i>	<i>Tuesday 1:30 pm – 5:30 pm Wednesday 3 – 7 pm Thursday 10 am – 12 pm & 1:30 – 5:30 pm Saturday 1:30 – 5:30 pm</i>

Yolo County Health Status Survey



PLEASE FILL OUT YOUR CONTACT INFORMATION BELOW AND RETURN
IT WITH YOUR SURVEY FOR A CHANCE TO WIN A **\$100 GROCERY GIFT
CARD**

Name:

Phone Number:

or

Email Address:

In Partnership With

